



Human Services Department | Family Resource Center
39155 Liberty Street, P.O. Box 5006, Fremont, CA 94537-5006
510 574-2000 ph | www.fremont.gov

HAVE YOUR COPY OF APPLICATION
IN POSSESSION DURING USE

- Please type or print clearly with a ballpoint pen.
- Application must be submitted a minimum of 14 working days and a maximum of 3 months prior to date of use.
- Complete application must be submitted with full payment.

Facility Use Application & Permit

1. I, _____, representing _____
Name of Individual *Organization*

hereby request permission to use the following conference room(s): _____
(Please see reverse for specific areas, occupancy limits, and costs.)

2. **User category:** Organization status: ☐ Not for Profit ☐ Business / Private ☐ Government/Education ☐ Other
☐ Tri-Cities resident ☐ Non Tri-Cities resident

3. Date of Use: _____, 20____
Day of Week *Date*

Time of Use: From: _____ AM / PM To: _____ AM / PM – **INCLUDE SET-UP & CLEAN-UP TIME**

4. The purpose of this use will be: _____
(Meeting, Meal, Reception, Party)

5. Anticipated maximum attendance: Adults _____ Youth (17 and under, must be adult-supervised) _____ Total _____

6. Equipment requested (contingent upon availability):

_____ # of chairs _____ # of tables _____ TV/VCR _____ Overhead Projector

7. Will there be decorations? _____ Explain: _____
(Please see reverse for room decoration guidelines.)

8. Will other paid services be used [i.e., commercial caterer, band, performer(s), speaker, etc.]? _____ Name: _____

Affiliation: _____

Address: _____ City: _____ Phone: _____

I have read, understand, and agree to comply with the Facility Use Guidelines on the reverse of the pink copy. It is distinctly understood and agreed that the applicant assumes all risks for loss, damage, liability, injury, cost or expense that may arise during or be caused in any way by such use or occupancy of the facilities of the City of Fremont; the applicant further agrees that in consideration of being permitted to use the facilities, he, will save and hold the said City of Fremont and/or their employees from any loss, claims, and liability or damages, and/or injuries to persons and property that in any way may be caused by applicant's use or occupancy.

Any change, alteration or modification of intended use must be approved by Human Services Director. Change can result in cancellation of use or change in use requirements and fees.

I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant of any damage/loss sustained by the grounds, building, furniture or equipment or unusual clean up occurring through the occupancy of said facilities by the applicant.

Date Completed: _____, 20____

Please Print Name *Signature* *Title*

Number and Street *City* *Zip* *Daytime Phone* *Evening Phone*

Driver's License # _____

DO NOT WRITE BELOW THE LINE

Room Assigned: _____

Approval: _____

Remarks: _____

Conference Room Rate: \$ _____ Per Hour x _____ Hours = \$ _____

Cleaning / Damage Deposit = \$ _____ Deposit Check # _____ Date Deposit Returned: _____

Rental Fees Check # _____ Total Fees and Deposit = \$ _____

Received by: _____

Name _____ Date _____ Time _____

Facility Use Regulations and Guidelines

1. **APPLICATION FEES AND DEPOSITS:** Reservations are completed through presentation of application and payment of all fees and deposits. You will receive an approved copy back.
2. **TIME RESERVED TO COVER ENTIRE USE:** The hours shown on the application will cover the entire time required for the permittee to decorate, set up, conduct the activity, and clean up the facility after use. The facilities must be vacated promptly at the conclusion of the time specified on the permit. Occupancy beyond the time specified on the permit will result in overtime charges at one and one-half time for staff plus the hourly rental rate. Overtime use will only be allowed when staff is available.
3. **FACILITY USE HOURS:** The Family Resource Center is available for usage seven days a week, 8:00 a.m. to 11:00 p.m.
4. **SET-UP/TAKE-DOWN/CLEAN-UP:** Groups must also clean up facility in a manner that allows it to be ready for the next group. Deposits will be forfeited for inadequate clean-up or care of furnishings or facility. Set-up / clean-up is included with time of use. Clean-up must be done by 11:00 p.m. for all meetings / events.
5. **CANCELLATION BY PERMITTEE:** Permittee must submit written notice of cancellation at least ten (10) days prior to the cancellation of any dates covered by the permit. Fees for uses canceled thirty (30) or more days in advance will be refunded; 11-29 days, less 30%; less than ten (10) days, no refund.
6. **REFUND OF DEPOSITS:** Refund of deposits will be made by mail where no damage or loss has occurred or where no extra clean-up is required as a result of permittee's use of facilities. In the event of charges for damage or loss, the deposit will be forfeited and additional charges made to cover damages or loss. Having a fire alarm accidentally pulled during your event by a member of your party will result in a fine appropriately determined by the Fire Department.
7. **ALCOHOL NOT PERMITTED**
 - A. **Possession Of Alcohol.** No one shall be admitted to the Family Resource Center who is under the influence of alcohol or who has alcoholic beverages in his / her possession.
 - B. **No Sale Of Alcoholic Beverages.** There will be no on-site sale of alcoholic beverages permitted at the Fremont Family Resource Center.
8. **DECORATING:** Plans to decorate the facility must be requested on the application for approval. Generally, only masking tape is acceptable and no nails or tacks are allowed. All decorations must be fireproof or of fire retardant materials. Nothing shall be attached to light fixtures. No decorations will be permitted within 18 inches of ceiling sprinklers. Candles or other open flame devices will not be permitted.
9. **NO VERBAL AGREEMENTS:** No verbal agreements for use of facilities shall be made, nor in any way be binding on the City.
10. **SMOKING:** Smoking is ONLY permitted outside of City buildings. Smoking receptacles must be utilized.

11. RENTAL FEES – HOURLY RATE:

ORGANIZATION STATUS	Pacific Room (80)	Enterprise Room (25)	Mediterranean Room (20)	Nova Room (24)	Caribbean Room (50)	Millennium Room (60)	Tidepool Room (Childcare Center)
Fremont Non-Profit	\$25	\$20	\$20	\$25	\$25	\$25	\$25
Newark / Union City Non-Profit Government / Educational Groups	\$35	\$30	\$30	\$35	\$35	\$35	\$30
Business / Private Groups	\$50	\$45	\$45	\$50	\$50	\$50	\$45